Under the Paperwork Re PATEN	. ALL DOUBLE	N FEE DET	CLMINVI	ON	RECORD	The Headers of the	-	DEPARTMENT Spray of value of Control of Social Control of Social	Sphipper .
APPLICATION AS FILED - PART ((Column 1). (Column 2)					SMÅLI	ENTITY	Of		ER THAN LENTITY
FOR .	NUMBER FLE	D HUM	BER EKIRA] .	RATE (S)	FEE (1)	7	RATERI	FEE (1)
MSICFEE OF CFR 1 16(4) (b) a (c)	AVA		NIA	┨.	NA	150.00	7	N/A	300.00
PARCH FEE NY CFR 1 16(N). 10. 01 (m)!	. NA		NIA	7	44A	\$250	7	· N/A	\$600
XAMINATION FEE IT CFR1 16(4), (0), or (0)	NVA		N/A	1	NA	\$100	1	· NA	\$200
DTAL CLAPAS PAFR 146(4)	minus	m - -		1	X\$ 25	1 7,00	٠. ا	Y450	4200
EDEPENDENT CLAIMS				1	X100	·	- 00		
7 CFR 1 16(N))	If the specification and drawings exceed to			-	7100	 	4	X200.	
PPUCATION SIZE BE 1 OFR 1 16(4))	sheets of paper, the application size fee due to \$260 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).								
ULTIPLE DEPENDENT CLAIM PRESENT OF OFR 1 16(1)				11	. +180=	1	1	4360*	-
If the dilletence in column 1 is less than zero, enter "O" in column 2.				J . I	TOTAL	 	1	. ———	
	TION AS AMENC	DED - PART I	(Colutin 3):		Small:	ENTITY	or	TOTAL	R THAN ENTITY
TO B RE	XLAMS MAIHING UFTER CHOMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (3)	ADDI- TIONAL FEE (S)		RATE (S)	ADOI- TIONAL FEE (1)
Total corota Linco	38 Minus	38	•		X\$.25 .		ØR.	X\$50.	,
Independent	. Minus	7			X100 _	·	OR	X200	/
Application Size Fee (37 CFR 1.16(s))									
PRES PRESENTATION OF MATIPLE DEPENDENT CLAIM (17 CFR 1.16g)					4160 =	_/_	O R	+360=	
		•	:		TOTAL ADD'L FEE		OR .	ADOX FEE	
	uma 1)	. (Column 2)	(Column 3)	ىنى .	· · · · · · · · · · · · · · · · · · ·	<u>· </u>			÷
928/06 REM AME	aims Ianing FTER. FOMENT	HIGHEST HUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	L	RATE (1)	ADDI- TIONAL FEE (5)		RATE (I)	ADDI- TIONAL FEE-(S)
datous result .	39 Minus	39	•. —		X\$ 25 .		OR .	X\$50 -	
dische grebil	7 Minus	··· · · · · · · · · ·	•	Г	X100		OR	X200	
Application Size Fee (3	7 OFR 1.16(s))					7			
FIRST PRESENTATION OF MATIFILE DEPENDENT CLAUM (27 OFR 1.14(2))					+180a		OR	+360≥	<u> </u>
	• •				OTAL		O R	TOTAL ADD'L FEE	
If the entry in column 1 If the Tilghest Number is If the Tilghest Number is The Tilghest Number Protection of Information is	Previously Peld For I Pleviously Peld For I reviously Peld For (T	N THIS SPACE II N THIS SPACE II <u>olgi or independer</u>	ties than 20, e less than 2, eal d) is the highest	nler 1 er 27 L'avan	ber found in th	e eppropriate t	ox in co	Muma 1	

Dispression at required by 31 CPR 1.10. The augmented is some or reason a benefit by the public which is to life (and by the Dispression Confidentiality is poverned by 35 U.S.O. 122 and 37 OFR 1.14. This collection is estimated to take 12 minutes to complete, ing self-edge, pre-pains, and submitting the completed application form to the USPTO. Time will vary depending open the individual case. Any comments amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief, intermistion Officer, U.S. Petern ademand Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22318-1450, DO NOT SEND FEES OR OCMPLETED FORMS TO THIS ESS. SEND TO: Commissioner for Patents, P.O. Box 1460, Alexandria, VA 22313-1460,

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